



“LITTLE THINGS.”

*Being the Mid-sessional Address delivered at a Meeting of the
Abernethian Society, January 10th, 1895.*

BY

T. LAUDER BRUNTON, M.D.,
D.Sc. EDIN., LL.D. HON. ABERD., F.R.S.

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“ LITTLE THINGS.”

MR. PRESIDENT AND GENTLEMEN,—I must first of all thank you very sincerely for the honour you have done me and for the pleasure you have given me in asking me to read the Address this evening.

At this time of the year usually happy thoughts prevail, and hopeful aspirations, but our meeting to-night is saddened very greatly by the shadow of the great sorrow that has fallen upon Sir James Paget, one whom we venerate here not only as one of the oldest members of the Abernethian Society, but as the man whom we honour most in this Medical School, and whom we look up to as one of the greatest lights of the medical profession in this century. How gladly we welcomed his coming with words of wisdom to open this session of the Abernethian Society! how little could we foresee the sad calamity that was to fall upon him ere its close! Only three days ago death took from him the beloved wife who, for fifty years, had shared his sorrows, rejoiced in his joys, comforted him in sickness, and helped him daily and hourly in the work of his life. Nor is this any ordinary loss, for Lady Paget was one who seemed to radiate goodness and kindness around her, so that she was revered and beloved by those who saw her but seldom. How much greater the loss must be to those who have lived with her daily for long years! Into their sorrow we cannot enter, but we sorrow with them, and we, not only as members of the Abernethian Society, but all who have been connected with St. Bartholomew's Hospital, mourn the death of one who

lived here so long, and who was so greatly beloved and respected. Now what was it that made Lady Paget so greatly beloved during her life, so greatly mourned at her death? It was, gentlemen, the little things she did, the little deeds of kindness which she did day by day and hour by hour, the little words of love which were constantly falling from her lips. These in the course of a long life made up a life of singular beauty and loveliness. The little things constantly repeated become great things, and no wise man will despise little things.

This period of the world's history, rich in all mechanical inventions, great in the rapidity of its progress, might well be characterised as being essentially the day of *small things*. We see around us things that excite our wonder. We see the Alps pierced by tunnels such as have never been attempted before; we see locomotives rushing over the country at a speed that has only been dreamed of by the story-tellers of the Arabian nights when they told of the marvels of Solomon's carpet; we see bridges of a size completely dwarfing everything else that has ever been done from the time that the world began; and yet the great mechanical problem of to-day is a consideration of small things—how to get the largest fraction of available work out of a pound of coal. In chemistry we find exactly the same. It is a consideration of atoms, their properties and their affinities, which employs the powers of the chemist. In physics, again, it is the minute changes in the number and position of the lines of the spectrum which tell us that stars are coming towards us or receding from us with a velocity that the mind cannot grasp. It is these small lines which indicate to us the presence of elements which have hitherto been unknown, and we try to weigh the universe not with an enormous balance greater than the Eiffel Tower, but with a thread of quartz finer than a spider's web. In biology it is no longer the organs that play such a distinguished part, it is the cell—the small microscopical unit—its position and its changes, which engage the attention of the biologist.

And it is the minute organisms, so small as to be inappreciable to the highest powers of our microscopes, if it were not for the power of staining them, that we now look upon as giving rise to the most frightful epidemics that have cleared away whole nations from the face of the earth. Everywhere, then, we find that it is the small things which are really at the bottom of the great things, and if we are to understand the great things we must begin with small.

There is no fact which stands isolated from another. All the different departments of human knowledge stand in close relationship to one another, and from the smallest beginnings have come forth the greatest discoveries. I do not know that we can find any more striking example of this than the discovery of those diseases which we know as infective, a discovery which may be easily traced to the investigation by Pasteur of the form of a crystal of tartaric acid. This investigation, seemingly of no practical importance whatever, has borne the most important practical fruits, and we do not at present even know in the very least what powers of saving life it may yet give to us.

It is curious here to notice how investigation comes from one point of knowledge, passes to another, and then turns round again. These investigations, beginning with chemistry, going on to physiology and histology, are now coming back again to chemistry, and it is no longer the microbe itself which engages our attention so much as the chemical products of its life, which act as poisons to the animal economy.

The close connection of various facts has been so well put by Sir Russell Reynolds, in a lecture published in the 'Lancet' a few days ago, that I cannot do better than read his words to you. "He who would learn the secrets of nature must consider each fact in its past and future. He must see how it came, where it is, how it lives, and how it grows. He must follow the teaching which Nature herself is ever ready to afford, that nothing is small, that nothing stands alone, that in darkness and silence mighty

things are wrought, and that what we see is but the outcome of still greater things, and forces as yet unscen."

In tracing the unknown from the known, we follow in medicine very much the same plan that is used by the Indian on the trail, or by the detective who is trying to find out a crime, and I do not know that there is any better reading in this respect than the writings of a member of our own profession, Dr. Conan Doyle. You all know the wonderful adventures of Sherlock Holmes, and it is rather curious to trace back the idea of this character to its source. How far it may go back I cannot tell you, but it probably goes back at least to Dr. Laycock. Dr. Conan Doyle was a student of Dr. Joseph Bell, from whom he learnt the importance of minute indications; and Dr. Joseph Bell was a pupil of Dr. Laycock, who was accustomed to direct the attention of students very much to small things.

You all know that young men who have just entered the profession have a certain advantage over those who have grown old in it. They know all the new discoveries that have been made since the elders have quitted the seats of learning, but the young man is at a serious disadvantage in regard to what is known as experience, and for want of experience he sometimes makes grievous blunders where the elder and perhaps more ignorant man knows the work perfectly well, and does what is required of him. It is very hard indeed for an old practitioner to transfer his experience to a younger man, and now-a-days perhaps we rather feel the want of what used to exist in former times when the father was succeeded by the son, and he again by the grandson. In the medical profession, where grandfather, father, and son all lived in the same house, where they knew their patients intimately, and knew not only the patients themselves, but their forefathers and their collateral relations, they knew the family history of those whom they attended, they knew the tendency of the family to disease, they knew the power of the family to recover. Nay, more, they knew

the individuals from their youth upwards, and sometimes it would happen that when a consultant was called from town to meet one of those practitioners, the consultant judged only from similar cases he had seen ; but the old practitioner judged from the character of the individual's family, or from his own previous experience of the patient, and it would turn out that the prognosis of the consultant would be wrong, and that that of the practitioner would be right.

How is it that the old practitioner cannot transfer his experience to the young one ? And yet some such transference is becoming more and more urgently required, because the greater facilities for travelling are breaking up the old families, so that people travel from one part of the country to another, and necessarily the knowledge which their old doctors possessed of them is lost. Is it possible to put the young man who has not had experience in the position of the old one who has ? This can only be done, I think, by attention to minutiae. A good part of the experience, I think, may be transferred, a good deal may not be transferred ; and the reason of this is that the old practitioner frequently does not possess the knowledge in a state where it is capable of transference. We hear a good deal about thought transference. Now how is this thought transferred ? As a rule it is transferred entirely by muscular action. The muscles of the larynx and of the lips may set into vibration a column of air, and thus transfer the thought of one individual to the mind of another. Sometimes, however, the thought may be transferred by the movements of the face without speech, or by the movements of the hand, or by the glance of the eye.

Our knowledge is of various degrees of intensity, and perhaps a good deal of it may be termed "subconscious," and not "conscious." The best example I know of subconscious knowledge is the condition of a man's mind between the putting of a question and the return of an answer. If you ask a man suddenly a question, he very likely responds by a purely reflex "eh ?" or he may

respond by saying "I beg your pardon, I did not hear what you said." If you wait awhile instead of repeating the question or saying anything more, you may get back from him a full and complete answer to your question. His mind seems to have been in a condition of a photographic plate that had not been developed—the impression had been made upon it, but he had not become conscious of what was said. If in place of giving him time you had asked another question, your first question might never have reached his consciousness, and he might remain for ever unaware that you had asked such a question. Now a great deal of our knowledge seems to be in this subconscious condition.

For example, you know men in various ways. You know a man so slightly, that when he comes before you again you may say, "I think I have seen his face before, but I don't know." You may know him a little better, so that you can say, "I have seen him before, but I don't remember where or when." You may know him so well that you can not only recognise him when you see him, but you can give a general description of his appearance, of his habits, of his expression, and of the relationships of his life, but you may not be able to give an exact reproduction of his features. Sometimes you may know a man so well that, in addition to giving an accurate description of him, you can reproduce his features precisely, so that anyone looking at your picture could recognise the individual you mean. Your knowledge of the first two is more one of subconsciousness, in the latter two cases it is distinctly conscious, it is always before you. Now what happens in regard to an individual happens in regard to classes, and not merely classes of men, but classes of patients and classes of diseases.

A young man leaving college very often knows disease only from description; and although he may recognise such a disease when it comes before him in its most typical form, he may not at all recognise it if there is the slightest difference from the description he has seen in

his text-books. An older practitioner recognises the disease because he has seen it before in various forms, and he recognises it even in disguise, just as you would recognise one of your most intimate friends although he had tried to disguise himself in various ways.

As a rule, it is by attention to the minute points in the face of a man that you are able to recognise him again ; so also it is by attention to minute points in the condition of disease that you are able to recognise that disease again, and it is from little changes in the outside of the body that you are able to make out what is going on inside.

Now I shall take up to-night only a few points, which are very small in themselves, but are important as indications of what is going on inside the body ; of processes which may lead ultimately to the most important consequences.

FIG. 1.



FIG. 2.



First of all, we may make a good deal out in regard to our patients by the mere position of the body. This shows us to a great extent how the circulation is going

on, and how the nervous system is being nourished ; and perhaps it may make my meaning clearer if I take the story of the publican and the Pharisee. You see that with a body in the position as shown in Fig. 1 you are almost certain to have a well-nourished brain, with a tendency perhaps to over-nutrition and high ideas of the man's own importance. You find also that abundant cerebral nutrition leads him to oratorical displays and keeps up a flow of language. Whereas if you take the other man, Fig. 2, you can see that his brain is anæmic ; he feels miserable, he is incapable of oratorical displays, and brings out what he has got to say in short sentences and broken language.

We learn a great deal also from the expression of the face, and also from the general nutrition. Now it not unfrequently happens that one gets in the hospital patients who are very badly nourished indeed ; they are thin and miserable, and one is quite in doubt as to the cause of their malnutrition, for it may depend upon very many causes. In such cases the best way is to try and track the malnutrition backwards to its source. If you find that a man's banking account has become very low, you know either that he has been paying little in or he has been taking much out, or both ; and the physiological bank is of the same character. If you find that a man is emaciated, you know that he has either been assimilating less than he ought, or has been burning off more than he ought, or both causes may be at work together. Then, again, you find that the lack of assimilation may have many causes. It may be that the person is unable to digest ; the person is unable to absorb, or unable to eat, or cannot get enough to eat. In the disease known as consumption you find both the malassimilation and extra burning-off of the tissues at work together, and thus the rapidity of emaciation is so great that phthisis is commonly known by the name of "consumption." Here we find that the person is unable to eat so much as usual, and that raised temperature is burning off

the tissues. But there are many others who come here, and upon examination you find that there is no raised temperature, that there is no dyspepsia. What, then, is the cause of their emaciation? These cases trouble students very greatly, and it is only after you have seen a number of them that you are able readily to recognise what they are. If you examine them more closely when they come into hospital, you will probably find that they have more or less of the drooping attitude; that their nervous system is badly nourished, and that the whole system is very feeble. You notice upon the face, too, a depressed look, which is not very easy to analyse; and on finding that all the organs are healthy you try to discover why they are so badly nourished. Frequently the drooping look, the bent form, and the absence of any definite disease, together with the worn character of the apparel, will put you upon the right track. If you see a woman corresponding to this description come into the out-patient department, you very often will find out the causes of her illness, not by the stethoscope, nor by any of the ordinary instruments of research, but by asking questions. You say to her, "What is your husband?" "A dock labourer, sir." "Is he in work?" "No, sir." "How have you been living?" "As best we could afford; most things have gone to the pawn." Then you know the reason of her emaciation.

Now there are people who have plenty to eat, but who cannot eat it, or will not eat it, and in some cases of this sort you get very rapid emaciation indeed. Rather more than a year ago I saw a young man, who had been sent to me from the midland counties as a case of severe dyspepsia. When he came in I found him emaciated to a degree; so much so that I thought he must be suffering from advanced phthisis. On examining his condition I found, to my astonishment, that he was perfectly healthy. His family was well off, and there seemed to be no reason whatever for his emaciation. I do not know that I can draw you his face at all nearly. It was something like

Fig. 3. There were only two things that seemed to me likely to have brought a man to such a condition in a few months, or rather in not very many weeks. The one

FIG. 3.



cause was hopeless love, the other was that he had been jilted. Now if he were in hopeless love, he would almost certainly have had in his mind a pleasant recollection of the object of his affections ; but if he had been jilted he would not have a pleasant recollection. If he had been hopelessly in love, you would probably have found the ends of his mouth a little up, with a soft expression ; but they were not so, they were turned down and in, as shown in the drawing. So I came to the conclusion that he had been jilted. I sent him out of the room, but kept his mother there, and said to her, "When your boy came here I thought he was in the last stage of consumption, but he is not ; I think he has been jilted." She hopped off her chair as if I had run a pin into her, and said, "That is just what he told me." We did not know exactly how he was to be cured, because it was evident that medicine in such a case would be of very little use indeed. There were only two remedies that seemed available. One was to make it up with the girl, and the other was to send him off to Australia, where his brother had a sheep-run.

It turned out in the end that it was impossible to make it up with the girl, but he went to his brother's sheep-run, and a few months afterwards I had a letter from his father to say his son was perfectly well. Very often you come across cases like that. They come to you for dyspepsia, and if you treat them for dyspepsia alone you may treat them until you are tired; the only way is to attempt what Shakespeare says is so difficult, and "minister to a mind diseased." In general one of the best things you can advise as a remedy for such diseased minds is to give them plenty of occupation.

We will pass now from the expression to the colour of the face, and the colour will often teach you a great deal. Not unfrequently you may notice a curious white colour, which is due to aortic disease. This white colour is not at all unlike the pale colour which you find in albuminuria, where the blood has been impoverished by the drain of albuminous substances from the body; but in aortic disease there is no tendency to puffiness, such as you often find in albuminuria, and it is due apparently to the unfilled character of the vessels on the surface. Every now and again you come across whiteness with a tinge of green, and this you associate with that disease known as "chlorosis," which is not due to loss of blood, but apparently to the destruction of blood-corpuscles at an unusual rate. Sometimes you find a paleness of a different character, a paleness which is more like that of a wax candle, over which numerous dilated capillaries ramify; and whenever you get this peculiar complexion you should examine the liver, because you will often find this peculiar complexion associated with disease of the liver, and more especially with a cirrhotic condition of that organ.

Not unfrequently you may notice a peculiar brown colour. This is not so common in persons coming to this hospital as it is in other countries, or as it is in some classes of private practice, because this brown colour is often connected with chronic malaria, and is to be observed very generally in soldiers and sailors who have come back from

malarious countries. You may find this sometimes amongst patients here, but more generally you see it in private practice.

In the tongue, too, we notice a number of small things that are often very suggestive. We notice sometimes a curious white colour, as if you had taken a little white enamel and painted it over the surface of the tongue,—commencing leucopathia. This enamelled condition may not always be due to syphilis, but very frequently indeed it is an indication that the patient has suffered from syphilis more than ten and perhaps even twenty years before. A brownish colour often indicates to you that the patient smokes more than is good for him ; because tobacco smoke stains the tongue a slightly brown colour, so that the tongue, though clean, has yet a brownish or yellowish tinge upon it. Some time you will get the patient, or the patient's friends, complaining of a persistent fur upon the tongue, and telling you that the tongue is never clean whatever is done to it. This is sometimes associated with a curious high condition of the palate, so that the top of the tongue rubs less against the palate than it does in ordinary persons. Or you may find a little patch of fur upon one side, which is due to a decayed tooth. You have all seen in the meadows patches of green grass much more luxuriant than the remainder, these patches being about a foot in diameter, and they indicate to you that on the spot where the grass is thus green the droppings of a cow have fallen months before. The fur on the tongue consists of a number of minute organisms, and these are nourished by the decayed food which lodges in the tooth, so that a luxuriant growth of those organisms, forming a localised thick fur, occurs close to the decayed tooth. There is another point about the tongue which is sometimes exceedingly useful, and which was, I believe, first observed by Dr. R. D. Batten, viz. a condition of soapiness in the tongue. This indicates as a rule mental worry on the part of the patient. Why it should be so one cannot quite tell, but it would appear that this soapiness is, one may

say, a halfway house to the complete dryness of the tongue which is caused by excessive fear. Most of you know that one of the means of detecting thefts in India is to arrange all the suspected people in a circle and make them eat rice. After a little while they put it out again, and it is found that while the others spit out rice mixed with saliva, the guilty man puts his rice out dry, the fear of detection having paralysed the secretion of saliva. Now, in those who worry, it would appear that some change goes on in the salivary gland which leads to this soapy condition of the saliva upon the tongue.

I will not go very much further in the consideration of small things, but I would like to draw your attention to a small point connected with the lungs. When I was a student I believe I was the despair of one of my teachers because there was one thing I could never hear, viz. a very slight crackle at the end of inspiration. Just under the clavicle (see Fig. 4) you will sometimes get it on cough-

FIG. 4.



ing, succeeded by a deep inspiration. It is very slight, so slight that you can hardly detect it, and yet it is of the utmost importance as indicating just the very commencement of softening at the apex of the lung. This very slight, almost imperceptible crackle may determine the whole course of the patient's life, and in consequence of this you may be obliged to break up the man's career and to send him away to some health resort for perhaps two

years or more ; for otherwise you know that if he is allowed to continue his business, this crackle, instead of disappearing, will increase, the lungs will break down, and death will be the result.

There is a very slight murmur connected with the heart, which I fear is often passed over, and yet which is of the utmost importance in regard to both prognosis and treatment. It is a very slight murmur over the commencement of the aorta (Fig. 5). What it indicates is a slight degree

FIG. 5.



of atheroma, and atheroma there may be of the greatest importance as leading to danger from two causes : either (1) the atheroma may invade the coronary arteries, thus lessening the supply of blood to the heart and impairing its nutrition, so that the patient may begin to suffer from angina pectoris, and may finally die of that disease ; or (2) the atheroma may become softer, part of it may break off and be carried to the arteries of the brain, and thus you may get the whole balance of the mind disturbed, and the mental faculties either impaired or completely destroyed.

Another thing that is very small in itself I would like to direct your attention to, and that is the very small trace of albumen which one sometimes finds on examining urine. If you find urine persistently low in specific gravity, and with a very minute trace of albumen, which

is only perceptible on boiling the upper part of the test-tube, you may look upon that trace as of a good deal more serious importance than a considerable cloud in urine of higher specific gravity. For it means that the patient is suffering from gouty kidney, with all its attendant consequences. In all probability, if you examine that man more carefully, you will find that the apex-beat is displaced, the heart is hypertrophied, the tension in the arteries is increased, and the second sound over the aorta is accentuated. That man is in danger, either of uræmia from failure of his kidneys altogether, or, perhaps more frequently, in danger of rupture of one of his cerebral vessels, and apoplexy with either death or paralysis.

All these points are very small in themselves, but they are of great importance as indications of the underlying condition. Though two men may be able to appreciate the facts before them equally well, there will be great differences in the conclusions they may draw from them. And how is a man to learn how to appreciate these things? There is no way so good as by the friction of minds one against another, and there is no way of learning to discriminate between facts and theories so good as discussion. Now I trust you will not take it amiss, after you have done me the kindness to ask me here, if I venture to criticise the conduct of the Society. What strikes me, on looking over the list of papers read, is that it is admirable in itself, but it is not altogether the best calculated to ensure your future success in life. In the hospital you have ample opportunities for learning from the lectures, many, perhaps even too many; but there is no place where you can get the training so essential to a man to discriminate between statements made to him and facts as in a society of this sort. It is of great importance that the members of it should read the papers themselves, and that they should choose subjects not too far advanced in the curriculum, so that the junior members may have an opportunity afforded to them of taking part in the discussion. If the subjects deal with the more advanced

branches of medicine or surgery the junior men are often unable to take any part in the discussion. They have not got the facts before them, and they get sat upon; whereas if you take some theoretical subject you may get up a very active discussion indeed. Many years ago I was appointed a member of a committee which every one who could do so tried to avoid. It was called the "dusting committee," because those who were engaged upon it had to look at all the books in a library and compare them with a catalogue. It was dreary work, but in going over these catalogues I came upon one or two dissertations of a most curious nature. One was "On the Menstruation of Eve;" another was on the question whether Adam had a navel or not; and these dissertations, although they were practically useless, were to a certain extent very useful as affording a common ground upon which men could discuss. I should not recommend these particular themes to you, but I would recommend, if possible, themes that would allow of a general discussion.

I see that the time has nearly gone, and before concluding I would simply like to say to you a word about small things in practice. For success in practice it is often small things that are more powerful than great, and I remember well being in the house of a friend in the country, and hearing from his wife an account of a *locum tenens* who had supplied the place of her husband while he was away on his holiday. It so happened that my friend had a very select country practice. His wife complained that the *locum tenens* would smoke on his way to see the patients. "My husband," she said, "never smokes on his way to see the patients; he smokes on his way back, and if he has just been smoking when a patient comes into the house, he rinses his mouth before he goes to see the patient, and if possible changes his coat." I was once a good deal struck on meeting Sir William Jenner, in consultation along with a young man, to hear Sir William address the young man in regard to

his duties, and say, "Your patients cannot appreciate your professional worth; they do not know whether your diagnosis is right or wrong; they do not know whether your treatment is correct or not; but they can all judge, and they do judge of your kindness, of your sympathy, and your attention."

It is attention to these little things, not at one time, but throughout life, that makes life a success and not a failure; and I am quite sure that if you attend day by day to the words that are written above the door of this school, "Whatsoever thy hand findeth to do, do it with thy might," your lives will all be successful.

The President.

GENTLEMEN,—It is one of the pleasant privileges which fall to the lot of a President of the Abernethian Society on the occasions when our great men come down as if from Olympus, to address us on matters great or small, to offer the thanks of the Society he has the honour to represent. I rise now, in faltering words, to testify, while the hall is resounding with the eloquence of the speaker, how great has been the appreciation of those whom he has honoured with his efforts to-night. This two hundredth half-session of the Abernethian Society has been most fitly opened by the Harveian orator of 1894, in an address which may be characterised as truly exhaustive, dealing with a vast range of subjects from the Hindoo to the social position of the *locum tenens* and his manners, and, in fact, most of the range of medicine. It is full of interesting details, teeming with anecdotes, and rich in analogies and suggestions of every description. No one would deny the great value of trifles. Putting aside the laborious trifler, whom we so greatly objurgate, looking through the various languages we shall find how it is translated into every tongue, from the "every little makes a muckle" of the Scotch woman to the "what is not necessary is dear at a penny" of the Roman. The

way the venerable stones even of this hospital are worn down by our trailing astragali will be evidence of ceaseless toil, and leave landmarks in the sands of time to our successors. They will speak of great effects arising from small details, and results which will greatly reflect to the credit of our great teachers, of whom one shines here to-night, one who shines amongst many other great lights from across the Cheviots,—William Ferguson and Matthews Duncan, Syme, Liston and Lister. Gentlemen, had I the eloquence of Cicero I could scarcely express your sentiments of appreciation.

Dr. HORNE, in proposing a vote of thanks to Dr. Brunton, said : Mr. PRESIDENT, I rise to propose a vote of thanks to Dr. Brunton for his very interesting address ; an address which has been most characteristic—characteristic in its simplicity, in its humour, and also in its instructiveness. Whilst listening to the address one could not help appreciating the well-known fact that there are many details in clinical medicine which the text-books cannot teach us, and which we can only learn by observation. I have much pleasure in moving this vote of thanks.

Mr. WEIR.—I have much pleasure in seconding the vote of thanks which Dr. Horne has proposed. Attention to details is one of the greatest points we have to look out for in our profession, and Dr. Brunton is one of those who is himself careful in looking after the small things, and therefore his address is one in which he has pointed out the thing which he practises himself. This, I think, adds all the more to the value of the address.

Dr. Brunton's reply.

Mr. President and Gentlemen, Dr. Horne and Mr. Weir, I thank you most cordially for the vote of thanks that you have given to me, and for the hearty way in which

the proposal of the thanks has been accepted. It has been to me a very great pleasure to address you to-night. It is always a pleasure to come here, because there is one thing that the men at St. Bartholomew's always do: they always attend in such a way as to make it a real pleasure to address them, and one feels that any good words that one does address are sure to bear fruit, and that any faults are sure to meet sympathy and a kind forgetfulness. So that whether one comes up to one's wish or not, one may be perfectly sure of appreciation, and the kindness and sympathy which I have always met here have ever been to me a source of the very greatest pleasure. To-night they have been as great or greater than ever, and for this I thank you most cordially.

